



“Direct Fax” Permit Program

The "Direct Fax" permit program allows individuals or companies to request and receive permits directly from the Central Permit Office.

Requirements:

1. A completed application and payment of security deposit (amount to be determined by previous permit records).
2. The **security deposit** (minimum \$250.00) is not to be used as an escrow account. Should the security deposit or any part thereof be utilized to pay a delinquent account, the account will be closed and participation will not be authorized for a period of twelve months. **Personal checks cannot be accepted.**
3. A **facsimile machine** with a dedicated fax line (not a telephone/fax line) for permits being received via fax for all permits will be transmitted automatically via computer.

Policy:

1. Permit(s) can only be faxed to the **one fax number** specified at the time of application.
2. An **account number** is assigned and **must be given each time a permit is requested.**
3. A **transmittal service fee** of \$5.00 is charged for each permit in addition to the applicable state permit fees.
4. A monthly **invoice** will be mailed to the billing address provided at the time of application providing all daily transactions (permit number and date issued). Payment of the direct fax monthly billing should be mailed directly to the Central Permit Office **prior to the 25th** of the next month to the address stated on the invoice. This payment should not be combined with other payments made to this office. Failure to pay in a timely manner will result in suspension or cancellation of your direct fax account. **Personal checks are not accepted.**
5. Any changes/or corrections to your account name, address or fax number cannot be initiated unless the information is furnished to this office in writing on company letterhead by the authorized person(s) specified on the application.

An application and other documents are attached for your convenience should you desire to participate in the North Carolina Department of Transportation “direct fax permit” program.

Direct Mailing Address:

**North Carolina Department of Transportation
Oversize/Overweight Permit Unit
1425 Rock Quarry Road, Suite 109
Raleigh, North Carolina 27610**

Telephone :	
Voice	1-888-LRG MOVE (574-6683) (919)733-7154
Facsimile	1-888-ACCTDIR (222-8347) (919)733-7828



North Carolina Department of Transportation

Oversize/Overweight Permit Unit

Voice # 1-888-LRG MOVE (574-6683)

Local # (919) 733-7154

Fax # 1-888-ACCT DIR (222-8347)

Local # (919) 733-7828 or (919) 733-7921

(For Internal Use Only)

Account #

Initial Amount
of Deposit Paid:

\$ _____

APPLICATION FOR A DIRECT FAX ACCOUNT

Name: _____

Address: _____

Telephone: Voice (_____) _____
Area Code

Fax (_____) _____
Area Code

Billing (mailing) address if different from above:

Contact Person(s): _____

Email: _____

Payment of the required security deposit (**contact the Permit Office for required amount prior to submitting application**) may be paid by cash, company check or money order made payable to NCDOT. (**No personal checks will be accepted**).

**Mail to: North Carolina Department of Transportation
Oversize/Overweight Permit Unit
1425 Rock Quarry Road, Suite 109
Raleigh, NC 27610**



Application for NCDOT Oversize/Overweight Permit Internet Service

Please provide the following information and return the completed form to:

NCDOT - Oversize/Overweight Permit Unit

1425 Rock Quarry Road, Suite 109

Raleigh, NC 27610

Office: 1-888-221-8166

Fax: (919) 715-7363

Direct Fax Account # _____

Company Name (Must be same as account name)

Street Address City State Zip

Mailing Address (If different from above) City State Zip

Phone No. Fax No.

E-Mail Address

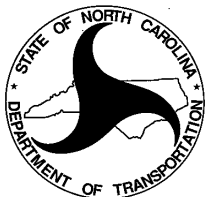
Contact Person

The undersigned hereby requests to establish the service for the above company to submit permit applications via the Internet. The Department of Transportation is not responsible for any Internet access charges incurred by your company.

Signature of Applicant Title Date

List below the name(s) of the individual(s), which will be ordering permits via the Internet. (An additional sheet may be used if needed)

Name	User ID (Office Use Only)	Password (Office Use Only)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



North Carolina Department of Transportation
Oversize/Overweight Permit Unit
1425 Rock Quarry Road, Suite 109
Raleigh, NC 27610

GENERAL USE SINGLE TRIP PERMIT
FOR NON-DIVISIBLE QUALIFYING LOADS

*(Mobile/Manufactured Home Permit Applications
are required to use special form PF-22)*

Telephone: 1-888-LRG-MOVE

(574-6683)

Fax: (919) 733-7828

Fee: \$12-width
\$12-length
\$12-height
\$12-weight

Effective Date _____

Refer to Permit No. _____

(For quick reference)

☐ Tractor/Trailer ☐ Truck/Trailer ☐ Truck ☐ Hauling ☐ Towing ☐ Self-Propelled
(schematics required)

Applicant _____

REGISTERED OWNER / LESSEE

DELIVER BY: ☐ FAX ☐ EMAIL

Address _____

STREET

Fax # (_____) _____ - _____

AREA CODE

CITY

STATE

ZIP

Email _____

Gross Weight _____ **Registered License Wt.** _____ **Total No. Axles of Combination** _____

Extreme Wheelbase Measurement (Hub to Hub) of Vehicle/Vehicle Combination _____ ft. _____ inches

Overall: Width _____ **Length** _____ **Height** _____ **Front Overhang** _____ ft. **Rear Overhang** _____ ft. **Trailer Length** _____ ft.

Trailer Design: ☐ Flat Bed ☐ Single Drop ☐ Double Drop ☐ Stretch ☐ Other _____
(Specific Design)

Commodity ☐ Hauled ☐ Towed _____

(If transporting Construction Equipment, specific type/design is required. Provide length of piece if transporting beams/girders.)

If commodity is being hauled, how is it loaded:

☐ Directly on Trailer ☐ Flat Rack Ship Container ☐ Sealed Ship Container ☐ Other _____
(Specific Description)

If hauling multiple pieces, how are they loaded: ☐ Stacked ☐ Side by Side ☐ In Line

Origin _____ **Destination** _____

(Exact Location/Address/Jct.)

(Exact Location/Address/Jct.)

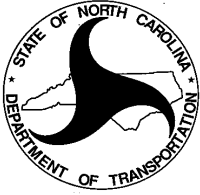
Requested route(s) of travel _____

(To include specific County Road Numbers, NC, US and Interstate Routes)

License No. of truck/tractor/special mobile equipment _____ **State** _____

Serial/VIN number (last 5 digits) of truck/tractor/special mobile equipment _____ **USDOT #** _____

Requested by _____ **Telephone** (____) _____ **Date** _____



**North Carolina Department of Transportation
Oversize/Overweight Permit Unit
1425 Rock Quarry Road, Suite 109
Raleigh, NC 27610**

**MOBILE/MODULAR HOME SINGLE
TRIP PERMIT APPLICATION**

(DO NOT use this application for other commodities)

Telephone: 1-888-LRG-MOVE

(574-6683)

Fax: 1-888-222-8347

**Fee: \$12-width
\$12-length
\$12-height**

TO RECEIVE BY:

☐ Permit Wire Service

NAME OF PERMIT WIRE SERVICE

☐ Credit Card
(\$10.00 Authorization/Transmittal Fee)

(CREDIT CARD NUMBER)

(EXPIRATION DATE)

☐ Direct Fax

(DIRECT FAX ACCOUNT NUMBER)

☐ Pickup

☐ Cash ☐ Check # _____

Effective Date _____

Refer to Permit No. _____
(For quick reference)

Applicant _____
REGISTERED OWNER / LESSEE

DELIVER BY: ☐ FAX ☐ EMAIL

Address _____
STREET

CITY STATE ZIP

FAX # (_____) _____ - _____
AREA CODE

EMAIL: _____

Gross Weight _____ **Registered License Wt.** _____ **Total No. Axles of Combination** _____

Overall: **Width** _____ **Length** _____ **Height** _____ **Home Length** _____ ft.
Maximum 105'

Number of Sections: ☐ Single ☐ Double ☐ Multi _____
(specify number of sections)

HOME S/N _____ **Truck License No.** _____ **State** _____ **VIN# (last 5 digits)** _____

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HOME S/N _____ **Truck License No.** _____ **State** _____ **VIN# (last 5 digits)** _____

HOME S/N _____ **Truck License No.** _____ **State** _____ **VIN# (last 5 digits)** _____

Origin _____ **Destination** _____
(Exact Location/Address/Jct.) (Exact Location/Address/Jct.)

Requested route(s) of travel _____
(To include specific County Road Numbers, NC, US and Interstate Route)

ICC Authority/Dealer License No. _____ **USDOT No.** _____

Requested by _____ **Telephone** (_____) _____ **Date** _____
Area Code